The future of nursing journals
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The future of clinically focused nursing journals such as the *Renal Society of Australasia Journal* (RSAJ) is an important issue within the context of current technology. Worldwide, there has been a steady increase in the number of scientific journals (Brown & Boulderstone 2008). The process of publication is an integral component of the process of nursing knowledge making. Journal publishing has been transformed by online internet publication and the ongoing technological innovation has offered exciting possibilities for nursing journals. Dissemination of new nursing knowledge that originated from nursing research is vital for improvements in nursing practice and can be quicker and of better quality than those published in hardcover book form (Woodward 2011).

The peer-review process remains the most important component of publication in a scientific nursing journal as it is considered a valid source of knowledge for best practice (Wilkes & Jackson 2011; Woodward 2011). Peer review guards against errors and ensures the readability and quality of the published work (Thomas 2011). Some journal editorial boards have such strict publication guidelines that potential authors can only hope to have their work reviewed without the possibility of being published in that journal (Thomas 2011). Interestingly, nursing journals with high rejection rates appear to be the most prestigious (Jakubowicz 2009). The Editorial Board of the RSAJ provides a positive mentoring forum for novice nephrology nursing authors by stipulating that blind peer reviewers provide constructive feedback (Instructions for authors 2011). Providing predominantly both supportive and critical feedback, the editors of the RSAJ have attempted to encourage clinical nephrology nurses in their submission of manuscripts to contribute to improving nephrology nursing practice.

To minimise bias, manuscripts under review are often double blinded (Thomas 2011). This means that the reviewer and authors are not aware of the identity of each other. Preservation of the authors' anonymity assists to preserve that authors' right to the intellectual property contained in the article (Jakubowicz 2009) but, more importantly, attempts to remove possible biases from the review process. The peer-review process takes up considerable voluntary time of both reviewers and editors. Some journals with their linear and traditionally constrained blind peer review are slow to disseminate knowledge, taking up to 12 months to complete the process (Jakubowicz 2009; Thomas 2011) while some nursing journals that are restricted to password or subscription access limit knowledge access and, therefore, knowledge dissemination.

A novel departure from the traditional peer-review process is post-publication review, where the manuscript is placed online with minimal editing (Ware 2008). It is then up to the readers of that article to supply peer review through online discussion. This format requires minimal input from the editorial board; more articles can be published and nursing knowledge can be disseminated quicker due to the reduced lag time that occurs during formal, blind peer review and publication. Arguments against this type of journal publication format surround the role of the journal editors who have a responsibility to guard against the publication of poor-quality, unfocused literature (Schriger & Altman 2010).

Journal impact factors, traditionally used to assess the quality of a journal, are calculated on citation rates over the previous two years. These impact factors have evolved as a widely used indicator of journal prestige, esteem or quality (Jakubowicz, 2009; Crookes et al., 2010; Polit & Northam, 2011; Wilkes & Jackson, 2011). The translation of published nursing knowledge to the clinical arena may not increase citation rates but can clearly impact clinical nursing practice. Polit and Northam (2011) report that nursing editors have lobbied to have nursing journals recognised with only four Australian journals having received an impact factor. This low number of Australian nursing journals achieving an impact factor highlights the problem of using impact factors as a measure of quality in that nursing journals have lower impact factors than scientific or medical journals (Polit & Northam 2011) and nephrology nurses are...
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likely to access their specialised nursing knowledge either through the clinical environment or through non-impact factor listed nursing journals (Crookes et al., 2010; Wilkes & Jackson, 2011). Editorial boards often need to decide on their policy to encourage impact factors while also encouraging wide access.

In Australia, a recent alternative to the impact factor measure has been the Excellence in Research Australia (ERA) journal rankings; however, these have recently been abolished (Dobson 2011; Tsen Kwok 2011). The possible replacement for the ERA journal rankings is a journal-quality profile, which may provide more consistent recognition of the role and impact clinically based journals have on nursing expertise within Australasia. Crookes et al. (2010) have developed 23 criteria (Journal Evaluation Tool, JET) for quality for nursing and midwifery journals. One criterion is that the journal is easily accessible with online access. Open-access journals allow free access to readers and, therefore, the knowledge therein (whether scholarly or not) gets translated to practice quicker. Speed of access and digital functionality is an important issue within the context of our technologically rapid environment. Digital functionality includes subject alerts, open access, citation linking, live reference list, supplementary files, blogs, podcasts, apps and social bookmarking. These multimedia, interactive technologies are becoming progressively more mainstream (Jakubowicz 2009).

Thus, nephrology nurses do not have to physically visit a library to access current nursing knowledge. Email subject alerts from Google Scholar, Medscape or Wiley Science Direct deliver information online, which can be accessed from whatever location or time of day the reader chooses to link to the internet at home, internet cafe or health facility/university campus. The live reference list allows readers to click on the reference and be taken online to that journal article.

Integral to digital functionality is interactive knowledge building. Use of iPhones has revolutionised email alerts and apps such as Mimsonline can be used to check medication information during medication rounds. There is the possibility that online discussion boards, blogs and Twitter may eventually supersede formal knowledge acquisition channels. According to Woodward (2011) five Australian universities are now publishing their books online using e-press. Colin Steele, emeritus fellow from the Australian National University reported that there were 3.4 million complete or chapter downloads from 55 ANU e-press publications in 2010. This editorial highlights the challenges faced by editors of nursing journals. Clearly nursing journals play an important role in the dissemination of contemporary nursing knowledge and the number of nursing journals is expected to rise in the future. Dissemination of nursing knowledge through book form poses problems for some nurse researchers that are not faced via the journal format. A continuing challenge is that the journal needs to have a ranking that attracts authors in sufficient numbers to fill the space for each issue. The peer-review process needs to be constructed to balance providing both positive and negative feedback in which to encourage potential authors to resubmit their revised work for publication in that journal. Judgement of quality needs to address the issues of specialist nursing journals such as the RSAJ that impact on nephrology nursing expertise that does not compare with the citation rates of scientific and medical journals. Digital functionality poses serious threats to academic nursing scholarship in the form of the ease of plagiarism and the speed of access to information through social networking sites. The editors of nursing journals face challenges in adhering to traditional views of journal-based publication while embracing the technological revolution of the multimedia nursing knowledge generation.

References


Dobson, I. (2011). Victory in a battle that need not have been fought. Advocate: Journal of the National Tertiary Education Union, 18(2), 28.


PBS Information: Section 100 Private Hospital Authority required. Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g/L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

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